

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/004 115

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	2		1			
3	2		2			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		4			
21	1		1			
22	1		1			
23	1		2			
24	1		1			
25	1		1			
26	1		1			
27	2		2			
28	1		1			
29	2		2			
30	2		2			
31	1		1			
32	1		1			
33	1		1			
34	2		3			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	2					
40			1			
41			0			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1		6			
TOTAL DEP.	13		45			
TOTAL CLAIMS	29		51			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52							1	
53								
54								
55								
56								
57								
58								
59								
60								
81								
62								
63								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS